

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of.....
 District of.....
 Town of.....
 or
 City of.....

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
 County Registrar No.
 Local Registrar No. 156

No. St. Ward
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ada Lee Jenkins { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other... yes 6. Legitimate? yes 7. Date July 27 - 26
 of birth Month Day Year

5. No. in order of birth 1

8. FATHER
 Full name A. D. Jenkins
 9. Residence Globe
 (Usual place of abode)
 If non-resident, give place and state.

10. Color or race W
 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Tex
 (State or country)

13. Occupation Barber
 Nature of industry

14. MOTHER
 Full maiden name Bettie Hamplair
 15. Residence Globe
 (Usual place of abode)
 If non-resident, give place and state.

16. Color or race W
 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Eng
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother { (a) Born alive and now living 1
 (Taken as of time of birth of child herein (b) Born alive but now dead 0
 certified and including this child.) (c) Stillborn 0 21. Were precautions taken against oph-
 thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ram Allen at 6:20 m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature R. D. Jenkins (Physician or midwife).
 Address Globe

Given name added from a supplemental report 7-31 1926 W. W. Horst
 Month, day, year Local Registrar.

Registrar Filed 19 County Registrar.

112-727-285